

**Montana WIC Program  
Nutrition Risk Codes**



\* Nutrition risk codes requiring a diagnosis for a medical condition of:

<b>134</b> Failure to Thrive	Genetic and Congenital Disorders <b>349</b>
<b>151</b> Small for Gestational Age	Inborn Errors of Metabolism <b>351</b>
<b>301</b> Hyperemesis Gravidarum	Infectious Diseases <b>352</b>
<b>302</b> Gestational Diabetes	Food Allergies <b>353</b>
<b>303</b> History of Gestational Diabetes	Celiac Disease <b>354</b>
<b>304</b> History of Preeclampsia	Lactose Intolerance <b>355</b>
<b>341</b> Nutrient Deficiency Diseases	Drug Nutrient Interaction <b>357</b>
<b>342</b> Gastrointestinal Disorders	Eating Disorders <b>358</b>
<b>343</b> Diabetes Mellitus	Other Medical Conditions <b>360</b>
<b>344</b> Thyroid Disorders	Depression <b>361</b>
<b>345</b> Hypertension and Pre-Hypertension	Developmental, Sensory/Motor Disabilities
<b>346</b> Renal Disease	Interfering with the Ability to Eat <b>362</b>
<b>347</b> Cancer	Pre-Diabetes <b>363</b>
<b>348</b> Central Nervous System Disorders	Fetal Alcohol Syndrome <b>382</b>

Assignment of these risk codes will have a formal diagnosis from a physician, or alternatively, a person working under a physician's orders. This alternative is intended to be applied only to those persons working directly with the physician (i.e. physician's assistant), a nurse practitioner or State identified medical authority.

The participant may state the diagnosis.

\* Non-traditional health care providers are not considered to be physicians or a diagnosing authority in Montana whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			<b><u>101*</u></b>	<p><b><u>UNDERWEIGHT WOMEN</u></b></p> <p>Pregnant Women: Pre-pregnancy BMI &lt; 18.5.</p> <p>Non-Breastfeeding Women: Pre-pregnancy <u>or</u> Current BMI &lt; 18.5.</p> <p>Breastfeeding Women who are &lt; 6 months Postpartum: Pre-pregnancy <u>or</u> Current BMI &lt; 18.5.</p> <p>Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI &lt; 18.5.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<b><u>103*</u></b>	<p><b><u>UNDERWEIGHT OR AT RISK OF UNDERWEIGHT – CHILDREN AND INFANTS</u></b></p> <p><b>Underweight</b>  <math>\leq 2.3^{\text{rd}}</math> percentile weight for length for children birth to 24 months.  <math>\leq 5^{\text{th}}</math> percentile BMI for children age 2 years and older.</p> <p><b>Risk of Underweight</b>  <math>&gt; 2.3^{\text{rd}}</math> percentile and <math>\leq 5^{\text{th}}</math> percentile weight for length birth to 24 months.  <math>&gt; 5^{\text{th}}</math> percentile and <math>\leq 10^{\text{th}}</math> percentile Body Mass Index (BMI) for age for children age 2 years and older.</p> <p>(Based on recommendations from the WHO growth standards and CDC).</p>
1	1	6			<b><u>111*</u></b>	<p><b><u>OVERWEIGHT WOMEN</u></b></p> <p>Pregnant Women: Pre-pregnancy BMI <math>\geq 25.0</math>.</p> <p>Non-Breastfeeding Women: Pre-pregnancy BMI <math>\geq 25.0</math>.</p> <p>Breastfeeding Women who are &lt; 6 months Postpartum: Pre-pregnancy BMI <math>\geq 25.0</math>.</p> <p>Breastfeeding Women who are <math>\geq 6</math> months Postpartum: Current BMI <math>\geq 25.0</math>.</p>
				3	<b><u>113*</u></b>	<p><b><u>OBESE (CHILDREN 2 – 5 YEARS)</u></b></p> <p>A child age 2 years or older whose BMI is <math>\geq 95^{\text{th}}</math> percentile.</p> <p>(Based on recommendation from the AMA and CDC).</p> <p>NOTE: If a child 24 to 36 months of age is measured recumbently the system will assign this risk factor when weight-for-length <math>\geq 95\%</math>.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<b>114°</b>	<p><b><u>OVERWEIGHT OR AT RISK OF OVERWEIGHT – INFANTS AND CHILDREN</u></b></p> <p>≥ 85<sup>th</sup> and &lt; 95<sup>th</sup> percentile for Body Mass Index (BMI) for children age 2 years or older.</p> <p>Biological mother with a BMI of ≥ 30 at time of conception or any point in the first trimester for an infant less &lt;12 months.**</p> <p>Biological mother with a BMI of ≥ 30 at the time of certification for a child age 1 year and older. (If the mother is pregnant or ≤ 6 months post-partum use her prepregnancy weight to assess.)**</p> <p>Biological father with a BMI ≥ 30 at the time of certification for an infant or child.**</p> <p>**BMI must be based on self-reported weight and height by the parent in attendance. One parent may not “self report” for the other parent. Weight and height measurements may also be taken by staff at the time of the visit.</p> <p>NOTE: If a child 24 to 36 months of age is measured recumbently the system will assign this risk factor when weight-for-length ≥95%.</p>
			1	3	<b>115*</b>	<p><b><u>HIGH WEIGHT FOR LENGTH – INFANTS AND CHILDREN &lt; 24 MONTHS OF AGE</u></b></p> <p>&gt;97.7 percentile weight for length for gender for children &lt; 24 months of age.</p> <p>(Based on recommendations from the WHO growth standards and CDC).</p>

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	<b><u>121*</u></b>	<p><b><u>SHORT STATURE OR AT RISK OF SHORT STATURE</u></b></p> <p><b>Short Stature</b>  <math>\leq 2.3^{\text{rd}}</math> percentile length of height for age for children birth to 24 months.  <math>\leq 5^{\text{th}}</math> percentile stature for age for children age 2 years and older.</p> <p><b>At Risk of Short Stature</b>  <math>&gt; 2.3^{\text{rd}}</math> percentile and <math>\leq 5^{\text{th}}</math> percentile length for age for children birth to 24 months..  <math>&gt; 5^{\text{th}}</math> percentile and <math>\leq 10^{\text{th}}</math> percentile stature-for-age for children age 2 years and older.</p> <p>For birth to 24 months of age at date of certification, assignment of this risk criterion will be based on adjusted gestational age, once the infant has reached the equivalent age of 40 week gestation. Monitor the growth pattern with consideration of the family stature.</p> <p>(Based on recommendations from the WHO growth standards and CDC).</p>

Category/ Priority					Code	Description															
P	B	N	I	C																	
1						<p><b><u>LOW MATERNAL WEIGHT GAIN</u></b></p> <p>Low maternal weight gain is defined as:</p> <p>1. A low rate of weight gain, such that in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, for singleton pregnancies:</p> <ul style="list-style-type: none"><li>• Underweight women gain less than 1 pound per week</li><li>• Normal weight women gain less than 1 pound per week</li><li>• Overweight women gain less than .5 pounds per week</li><li>• Obese women gain less than .4 pounds per week</li></ul> <p>OR</p> <p>2. Low weight gain at any point in pregnancy, such that a pregnant woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective pre-pregnancy weight category as follows:</p> <p><b><u>131*</u></b></p> <table><tr><th><u>Pre-pregnancy Weight Groups</u></th><th><u>BMI Definition</u></th><th><u>Total Weight Gain Range (lbs)</u></th></tr><tr><td>Underweight</td><td>&lt;18.5</td><td>28 – 40</td></tr><tr><td>Normal Weight</td><td>18.5 to 24.9</td><td>25 – 35</td></tr><tr><td>Overweight</td><td>25.0 to 29.9</td><td>15 – 25</td></tr><tr><td>Obese</td><td>&gt;30.0</td><td>11 – 20</td></tr></table> <p>For twin gestations, the recommended range of maternal weight gain is 35-45 pounds with a gain of 1.5 pounds per week during the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters. Underweight women should gain at the higher end of the range and overweight women should gain at the lower end of the range. Four to six pounds should be gained in the 1<sup>st</sup> trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.</p>	<u>Pre-pregnancy Weight Groups</u>	<u>BMI Definition</u>	<u>Total Weight Gain Range (lbs)</u>	Underweight	<18.5	28 – 40	Normal Weight	18.5 to 24.9	25 – 35	Overweight	25.0 to 29.9	15 – 25	Obese	>30.0	11 – 20
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Normal Weight	18.5 to 24.9	25 – 35																			
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Obese	>30.0	11 – 20																			
						<p><b><u>MATERNAL WEIGHT LOSS DURING PREGNANCY</u></b></p> <p><b><u>132*</u></b></p> <p>Any weight loss below pre-pregnancy weight during the 1<sup>st</sup> trimester or weight loss of 2 or more pounds in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters.</p>															

Category/ Priority					Code	Description															
P	B	N	I	C																	
1	1	6			133*	<p><b><u>HIGH MATERNAL WEIGHT GAIN</u></b></p> <p>Pregnant Women high maternal weight gain is defined as:</p> <p>1. A high rate of weight gain, such that in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters, for singleton pregnancies:</p> <ul style="list-style-type: none"><li>• Underweight women gain more than 1.3 pounds per week</li><li>• Normal weight women gain more than 1 pound per week</li><li>• Overweight women gain more than .7 pounds per week</li><li>• Obese women gain more than .6 pounds per week</li></ul> <p>OR</p> <p>2. High weight gain at any point in the pregnancy, such that a pregnant woman's weight plots above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category.</p> <p>Breastfeeding/Non-Breastfeeding Women most recent pregnancy: Total gestational weight gain exceeding the upper limit of the recommended range based on Pre-pregnancy BMI as follows:</p> <table><tr><th><u>Pre-pregnancy</u> <u>Weight Groups</u></th><th><u>BMI Definition</u></th><th><u>Cut-off Value</u></th></tr><tr><td>Underweight</td><td>&lt; 18.5 BMI</td><td>&gt; 40 lbs</td></tr><tr><td>Normal Weight</td><td>18.5 to 24.9 BMI</td><td>&gt; 35 lbs</td></tr><tr><td>Overweight</td><td>25.0 to 29.9 BMI</td><td>&gt; 25 lbs</td></tr><tr><td>Obese</td><td>≥ 30.0</td><td>&gt; 20 lbs</td></tr></table> <p>This risk code may not be assigned for multifetal pregnancies (twin, triplets, etc.) For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.</p>	<u>Pre-pregnancy</u> <u>Weight Groups</u>	<u>BMI Definition</u>	<u>Cut-off Value</u>	Underweight	< 18.5 BMI	> 40 lbs	Normal Weight	18.5 to 24.9 BMI	> 35 lbs	Overweight	25.0 to 29.9 BMI	> 25 lbs	Obese	≥ 30.0	> 20 lbs
<u>Pre-pregnancy</u> <u>Weight Groups</u>	<u>BMI Definition</u>	<u>Cut-off Value</u>																			
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Obese	≥ 30.0	> 20 lbs																			
			1	3	134	<p><b><u>FAILURE-TO-THRIVE</u></b></p> <p>Presence of failure to thrive.</p>															

Category/ Priority					Code	Description																																											
P	B	N	I	C																																													
			1	3	135°	<p><b><u>INADEQUATE GROWTH</u></b></p> <p>An inadequate rate of weight gain is defined below: For infants from birth to 1 month of age:</p> <ul style="list-style-type: none"><li>Excessive weight loss after birth (&gt; ½ lb or 8% lost from birth).</li><li>Weight not back to birth weight by 2 weeks of age.</li></ul> <p>For infants from 1 month to 6 months:</p> <ul style="list-style-type: none"><li>Based on 2 weights taken at least 1 month apart, weight gain less than calculated weight gain based on the following table:</li></ul> <table><tr><th>Age</th><th colspan="3">Average Weight Gain</th></tr><tr><td>Birth – 1 mo</td><td>18g/day</td><td>4½ oz/wk</td><td>1 lb 3 oz/mo</td></tr><tr><td>1 – 2 mo</td><td>25g/day</td><td>6¼ oz/wk</td><td>1 lb 11oz/mo</td></tr><tr><td>2 – 3 mo</td><td>18g/day</td><td>4½ oz/wk</td><td>1 lb 3 oz/mo</td></tr><tr><td>3 – 4 mo</td><td>16g/day</td><td>4 oz/wk</td><td>1 lb 1 oz/mo</td></tr><tr><td>4 – 5 mo</td><td>14g/day</td><td>3½ oz/wk</td><td>15 oz/mo</td></tr><tr><td>5 – 6 mo</td><td>12g/day</td><td>3 oz/wk</td><td>13 oz/mo</td></tr></table> <p>For infants from 6 months to 59 months of age:</p> <ul style="list-style-type: none"><li>Based on 2 weights taken at least 3 months, weight gain less than expected weight gain from the following table:</li></ul> <table><tr><th>Age</th><th colspan="4">Average Weight Gain</th></tr><tr><td>6 – 12 mo</td><td>9g/day</td><td>2¼ oz/wk</td><td>9½ oz/mo</td><td>3 lbs 10 oz/6 mo</td></tr><tr><td>12 – 59 mo</td><td>2½g/day</td><td>0.6 oz/wk</td><td>2.7 oz/mo</td><td>1 lb/6 mo</td></tr></table>	Age	Average Weight Gain			Birth – 1 mo	18g/day	4½ oz/wk	1 lb 3 oz/mo	1 – 2 mo	25g/day	6¼ oz/wk	1 lb 11oz/mo	2 – 3 mo	18g/day	4½ oz/wk	1 lb 3 oz/mo	3 – 4 mo	16g/day	4 oz/wk	1 lb 1 oz/mo	4 – 5 mo	14g/day	3½ oz/wk	15 oz/mo	5 – 6 mo	12g/day	3 oz/wk	13 oz/mo	Age	Average Weight Gain				6 – 12 mo	9g/day	2¼ oz/wk	9½ oz/mo	3 lbs 10 oz/6 mo	12 – 59 mo	2½g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo
Age	Average Weight Gain																																																
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4 – 5 mo	14g/day	3½ oz/wk	15 oz/mo																																														
5 – 6 mo	12g/day	3 oz/wk	13 oz/mo																																														
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12 – 59 mo	2½g/day	0.6 oz/wk	2.7 oz/mo	1 lb/6 mo																																													
			1	3	141*	<p><b><u>LOW BIRTHWEIGHT</u></b></p> <p>Birth weight ≤ 5 pounds 8 oz. at birth. (&lt; 2500 gm.)</p> <p>For infants and children ≤ 24 months of age at date of certification.</p> <p>Growth of VLBW infants may be monitored using Infant Health and Development Program (IHDP) charts in addition to the 2000 CDC Growth Charts.</p>																																											
			1	3		142*	<p><b><u>PREMATURITY</u></b></p> <p>Born at &lt; 37 weeks gestation.</p> <p>For infants and children ≤ 24 months of age at date of certification.</p>																																										

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	151	<b><u>SMALL FOR GESTATIONAL AGE</u></b> For infants and children < 24 months of age at date of certification.
			1		153*	<b><u>LARGE FOR GESTATIONAL AGE</u></b> Birth weight ≥ 9 pounds (≥ 4000gm). For infants ≤ 6 months of age at date of certification.
1	1	6	1	3	201*	<b><u>LOW HEMATOCRIT/HEMOGLOBIN</u></b> Hemoglobin or hematocrit concentration below the established cut-off value for healthy, well-nourished individuals of the same age, sex and stage of pregnancy. Adjustments for participant smoking and clinic altitude are considered in cut-off value determination. These cut-off values are provided. See Attachment <u>Anemia Cut-Off Values</u> .
1	1	6	1	3	211*	<b><u>ELEVATED BLOOD LEAD LEVELS</u></b> Blood lead level of ≥ 10 µg/deciliter within the past 12 months.
1					301	<b><u>HYPEREMESIS GRAVIDARUM</u></b> Severe nausea and vomiting to the extent the pregnant woman becomes dehydrated and acidotic.
1					302°	<b><u>GESTATIONAL DIABETES</u></b> Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			<b><u>303°</u></b>	<b><u>HISTORY OF GESTATIONAL DIABETES</u></b> History of diagnosed gestational diabetes mellitus (GDM).
1	1	6			<b><u>304°</u></b>	<b><u>HISTORY OF PREECLAMPSIA</u></b> History of diagnosed preeclampsia.
1	1	6			<b><u>311*</u></b>	<b><u>HISTORY OF PRETERM DELIVERY</u></b> Birth of an infant born at < 37 weeks of gestation. Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<b><u>312*</u></b>	<b><u>HISTORY OF LOW BIRTH WEIGHT</u></b> Birth of an infant born weighing ≤ 5 lbs 8 oz (≤2500 gm). Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<b><u>321*</u></b>	<b><u>HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS</u></b> Two or More Spontaneous Abortions: Two or more spontaneous terminations of gestation at <20 weeks gestation. Fetal Death: Spontaneous termination of a gestation at ≥ 20 weeks. Neonatal Death: Death within 28 days of birth, not including death due to accident, child abuse, murder or illness (unless complicated by prematurity or birth defect). Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	3			<b><u>331*</u></b>	<b><u>PREGNANT AT A YOUNG AGE</u></b> Conception $\leq$ 17 years of age. Pregnant Women: Current pregnancy. Breastfeeding/ Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<b><u>332*</u></b>	<b><u>CLOSELY SPACED PREGNANCIES</u></b> Conception < 16 months postpartum. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<b><u>333*</u></b>	<b><u>HIGH PARITY AND YOUNG AGE</u></b> Under age 20 at date of conception with 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			<b><u>335°</u></b>	<b><u>MULTIFETAL GESTATION</u></b> More than one (> 1) fetus. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			<b>337°</b>	<p><b><u>HISTORY OF A BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT</u></b></p> <p>History of giving birth to an infant weighing <math>\geq 9</math> lbs (<math>\geq 4000</math> gm).</p> <p>Pregnant Women: Any pregnancy.</p> <p>Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.</p>
1					<b><u>338</u></b>	<p><b><u>PREGNANT WOMAN CURRENTLY BREASTFEEDING</u></b></p> <p>Pregnant woman currently breastfeeding an infant whose intake is solely or predominantly breast milk.</p>
1	1	6			<b>339</b>	<p><b><u>HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT</u></b></p> <p>A woman who has given birth to an infant with a congenital or birth defect which current research links to inappropriate nutritional intake, (i. e., inadequate folic acid – neuron tube defect, cleft lip and palate; excess vitamin A – cleft lip and palate).</p> <p>Pregnant Women: Any pregnancy.</p> <p>Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.</p>
1	1	6	1	3	<b><u>341</u></b>	<p><b><u>NUTRIENT DEFICIENCY DISEASES</u></b></p> <p>Diagnosis of nutritional deficiency or a disease caused by insufficient dietary intake of macro or micro nutrients, i.e., protein energy malnutrition, scurvy, rickets, osteomalacia.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3		<p><b><u>GASTROINTESTINAL DISORDERS</u></b></p> <p>Disease and/or condition that interferes with the intake, digestion, and/or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Gastroesophageal reflux disease (GERD)</li> <li>• Peptic ulcer</li> <li>• Post-bariatric surgery</li> <li>• Short bowel syndrome</li> <li>• Inflammatory bowel disease, including ulcerative colitis or Crohn's disease</li> <li>• Liver disease</li> <li>• Pancreatitis</li> <li>• Biliary tract diseases</li> </ul>
1	1	6	1	3	<b><u>343°</u></b>	<p><b><u>DIABETES MELLITUS</u></b></p> <p>Not including gestational diabetes.</p>
1	1	6	1	3	<b><u>344</u></b>	<p><b><u>THYROID DISORDERS</u></b></p> <p>Hypothyroidism (insufficient levels of thyroid hormone produced or defect in receptor) or hyperthyroidism (high levels of thyroid hormone secreted).</p>
1	1	6	1	3	<b><u>345</u></b>	<p><b><u>HYPERTENSION AND PRE-HYPERTENSIONS</u></b></p> <p>Presence of hypertension or pre-hypertension.</p>
1	1	6	1	3	<b><u>346</u></b>	<p><b><u>RENAL DISEASE</u></b></p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<b><u>347</u></b>	<b><u>CANCER</u></b>  A chronic disease whereby populations of cells have acquired the ability to multiply and spread without usual biological restraints. Some nutrition problems that may be caused by the disease or disease treatment include anorexia, maldigestion, chewing and swallowing problems, and protein-calorie malnutrition.
1	1	6	1	3	<b><u>348</u></b>	<b><u>CENTRAL NERVOUS SYSTEM DISORDERS</u></b>  Condition which affects energy requirements and may affect the individual's ability to feed self. The condition must have an impact on nutritional status. Includes epilepsy (with uncontrolled seizures or use of the ketogenic diet), cerebral palsy and neural tube defects, Parkinson's disease and multiple sclerosis (MS).
1	1	6	1	3	<b><u>349</u></b>	<b><u>GENETIC AND CONGENITAL DISORDERS</u></b>  Hereditary or congenital condition at birth which alters nutritional status metabolically, mechanically, or both. Includes cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia, and muscular dystrophy.
1	1	6	1	3	<b><u>351</u></b>	<b><u>INBORN ERRORS OF METABOLISM</u></b>  Generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: galactosemia, tyrosinemia, homeocystinuria, phenylketonuria (PKU), maple syrup urine disease, glycogen storage disease, histidinemia, urea cycle disorders, hyperlipoproteinemia, glutaric aciduria, fructoaldolase deficiency, hypermethionemia, methylmalonic academia, galactokinase deficiency, propionic academia, medium-chain acyl-coA hydrogenase (MCAD).  Call one of the WIC State Nutritionists to discuss a possible disorder which may meet this definition.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	<b><u>352</u></b>	<b><u>INFECTIOUS DISEASES</u></b>  Infectious Disease: A disease caused by growth of pathogenic microorganisms in the body, within the past six months, severe enough to affect nutritional status. Includes: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis <del>-not bronchitis-</del> (3 episodes in last 6 months), HIV (human immunodeficiency virus infection), and AIDS (acquired immunodeficiency syndrome).
1	1	6	1	3	<b><u>353</u></b>	<b><u>FOOD ALLERGIES</u></b>  <del>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Not simple food intolerance, such as intolerance to strawberries, oranges, chocolate. This code may be used for an allergy to a food which is a significant component of one of the five major food groups or is used as a pivotal ingredient in food preparation (wheat, eggs).</del> An adverse health effect arising from a specific immune response that occurs reproducibly to a given food. Common food allergens include: cow's milk, peanuts, wheat, eggs, fish, tree nuts, shellfish and soy. This code may not be used for food intolerances or sensitivity.
1	1	6	1	3	<b><u>354</u></b>	<b><u>CELIAC DISEASE</u></b>  <del>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</del> An autoimmune disease precipitated by the ingestion of gluten, which is found in wheat, rye, barley, and other food products. Also known as celiac sprue, gluten enteropathy, and not-tropical sprue.
1	1	6	1	3	<b><u>355</u></b>	<b><u>LACTOSE INTOLERANCE</u></b>  Lactose intolerance occurs when there is insufficient production of the enzyme lactase. <del>Documentation should indicate the amount of dairy-based products tolerated and the duration of the intolerance.</del> Characteristics symptoms include: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after ingestion of lactose containing products.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	357	<p><b><u>DRUG NUTRIENT INTERACTION</u></b></p> <p>Use of prescription or over-the-counter drugs or medications that have been shown to interact with nutrient intake or utilization to an extent that nutritional status is compromised.</p>
1	1	6			358	<p><b><u>EATING DISORDERS</u></b></p> <p>Eating disorder symptoms are manifested by abnormal eating patterns which may include: self-induced vomiting; purgative abuse; alternating periods of starvation; use of drugs such as appetite suppressants, thyroid preparations, or diuretics for weight reduction; and self-induced marked weight loss. The disorder must currently be impacting nutritional status with the nutritional impact documented in the participant record.</p>
1	1	6	1	3	359	<p><b><u>RECENT MAJOR SURGERY, TRAUMA, BURNS</u></b></p> <p>Recent Major Surgery, Trauma, Burns: Surgery, trauma or burns severe enough to compromise nutritional status.</p> <ul style="list-style-type: none"> <li>• Extensive surgery such as cardiac or gastro-intestinal surgery (excluding for example: tonsillectomy, appendectomy, laproscopic-style or other similar simple surgeries unless associated with complications/infections) or multiple surgeries relating to the same condition occurring within several months.</li> <li>• Fracture of arm, leg, or pelvis or fractures of several other large bones concurrently or fracture of the jaw which greatly limits food intake.</li> <li>• Burns: Second degree burns which cover more than 30% of the body or third degree burns on the face or extremities or more than 10% of the body surface.</li> </ul> <p>Any occurrence within the past two (<math>\leq 2</math>) months may be self-reported. More than two (<math>\geq 2</math>) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3		<p><b><u>OTHER MEDICAL CONDITIONS</u></b></p> <p>Other Medical Conditions: Other diseases or conditions with nutritional implications. Includes: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory disease, heart disease, cystic fibrosis, and persistent asthma (moderate or severe) requiring daily medication. <u>This criterion will not be applicable for infants for the medical condition of asthma.</u></p> <p>Current condition(s), or treatment for the condition(s), must be severe enough to affect nutritional status. Documentation in the participant record must include the condition(s) and the clearly defined effect on nutritional status.</p>
1	1	6	1	3	360	<p><b><u>DEPRESSION</u></b></p> <p>Clinical depression which currently affects nutritional status through an effect on weight.</p>
1	1	6	1	3	362	<p><b><u>DEVELOPMENTAL, SENSORY OR MOTOR DISABILITIES INTERFERING WITH THE ABILITY TO EAT</u></b></p> <p>Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. These may include birth injury, head trauma, brain damage, minimal brain function, pervasive developmental disability (which may include autism) and feeding delays due to extreme prematurity. Document the interaction of the condition with nutritional status.</p>
	1	6			363	<p><b><u>PRE-DIABETES</u></b></p> <p>Presence of impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT).</p>
1	1	6			371*	<p><b><u>MATERNAL SMOKING</u></b></p> <p>Any current daily smoking of tobacco in cigarettes, pipes and cigars.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			372°	<p><b><u>ALCOHOL AND ILLEGAL DRUG USE</u></b></p> <p>Pregnant Women: Any alcohol or illegal drug use.</p> <p>Breastfeeding/Non-Breastfeeding Women:</p> <ul style="list-style-type: none"> <li>• Routine current use of <math>\geq 2</math> drinks per day. Routine is considered 2 or more (<math>\geq 2</math>) days per week. A standard sized drink is: 1 can of beer (12 fluid oz), 5 oz wine, or 1 ½ fluid oz liquor (1 jigger), OR</li> <li>• Current binge drinking of 5 or more (<math>\geq 5</math>) drinks on one or more (<math>\geq 1</math>) occasion(s).</li> <li>• Any street drug use; including marijuana, cocaine, crack, etc. (While individuals may be using marijuana under a medical marijuana card, use of it is still Federally prohibited. These individuals would still receive this risk code).</li> </ul>
1	1	6	1	3	381	<p><b><u>DENTAL PROBLEMS (EXCEPT EARLY CHILDHOOD CARIES)</u></b></p> <p>Diagnosis of dental problems includes:</p> <ul style="list-style-type: none"> <li>• Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (for children and all categories of women); and</li> <li>• Gingivitis of pregnancy (for pregnant women).</li> <li>• Presence of early Childhood Caries – smooth surface decay of the maxillary anterior and the primary molars. Also known as Baby Bottle Tooth Decay. Restored Early Childhood Caries are not a risk (for children and infants).</li> </ul>
			1	3	382	<p><b><u>FETAL ALCOHOL SYNDROME</u></b></p> <p>Fetal alcohol syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6		5	401	<p><b><u>FAILURE TO MEET USDA/US DEPARTMENT OF HEALTH AND HUMAN SERVICES DIETARY GUIDELINES FOR AMERICANS</u></b></p> <p>A presumed nutrition risk factor for pregnant women, breastfeeding women, non-breastfeeding women and children <math>\geq 2</math> years of age at date of certification for whom a complete assessment has been performed and for whom no other risks are identified.</p>
			4		411	<p><b><u>INAPPROPRIATE INFANT FEEDING</u></b></p> <p>For an infant, routine use of any of the following:</p> <ul style="list-style-type: none"> <li>• Not feeding breast milk or infant formula as the primary source of nutrients during the first 6 months of life or as the primary fluid consumed during the second 6 months of life.</li> <li>• Feeding goat's milk, sheep's milk, cow's milk, evaporated milk, sweetened condensed milk, imitation milk or substitute milks in place of breast milk or infant formula during the first year of life.</li> <li>• Addition of solid foods into the daily diet before 4 months of age.</li> <li>• Addition of any foods (cereal or other solid foods) to the infant's bottle.</li> <li>• Routinely using the bottle to feed liquids other than breast milk, formula or water. This includes fruit juice, soda pop, gelatin water, corn syrup solutions, milk or milk substitutes and other sugar-containing beverages.</li> <li>• Allowing the infant to fall asleep or to be put to bed with a bottle containing anything other than water.</li> <li>• Allowing the infant to routinely use a bottle or sippy cup or training cup containing anything other than water without restriction (i.e., walking around with the bottle or cup).</li> <li>• Propping the bottle when feeding.</li> <li>• Not using a spoon to introduce and feed early solids.</li> <li>• Providing no dependable source of iron after 6 months of age (i.e. breast milk, iron fortified infant formula, iron-fortified infant cereal, meats or oral iron supplements).</li> <li>• Feeding foods of inappropriate consistency, size or shape that put the infant at risk of choking.</li> </ul>

Category/ Priority					Code	Description
P	B	N	I	C		
			4		<b><u>411</u></b>	<p><b><u>INAPPROPRIATE INFANT FEEDING (continued)</u></b></p> <ul style="list-style-type: none"> <li>• Late introduction of solids, failure to introduce solids by 7 months of age.*</li> <li>• Feeding foods with inappropriate textures based on the infant's developmental stage (i.e. feeding primarily pureed foods when the infant is ready for mashed, chopped or finger foods).</li> <li>• Not encouraging finger feeding by 9 months of age. *</li> <li>• Feeding foods to an infant that could contain harmful microorganism or toxins, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; honey; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts.</li> <li>• Routinely using inappropriate sanitation in preparation, handling and storage of expressed breast milk or formula.</li> <li>• Routinely limiting the frequency of nursing of the exclusively breastfed infant, for example: <ul style="list-style-type: none"> <li>• Scheduled feedings instead of demand feedings</li> <li>• Less than 8 feedings in 24 hours if less than 2 months of age OR</li> <li>• Less than 6 feedings in 24 hours if between 2 and 6 months of age.</li> </ul> </li> <li>• Not providing a supplement of 400 IU of Vitamin D to infants who are ingesting less than 32 ounces per day of Vitamin D-fortified formula.</li> </ul> <p>* These justifications apply only if the infant is developmentally correct for age.</p> <p>Documentation in the participant folder must include the basis for code selection.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
				5		<p><b><u>INAPPROPRIATE FEEDING PRACTICES FOR CHILDREN</u></b></p> <p>Routine use of any of the following:</p> <ul style="list-style-type: none"> <li>• Feeding non-fat or reduced-fat milks as the primary milk source (unless medically indicated)(for a child under the age of 2).</li> <li>• Offering fluids which are high in sugar such as soda and sweetened fruit drinks.</li> <li>• Routinely using the bottle to feed liquids other than breast milk, formula or water. This includes fruit juice, soda pop, gelatin water, corn syrup solutions, milk or milk substitutes and other sugar-containing beverages.</li> <li>• Allowing the child to fall asleep or to be put to bed with a bottle containing anything other than water.</li> <li>• Allowing the child to routinely use a bottle or sippy cup or training cup containing anything other than water without restriction (i.e., walking around with the bottle or cup).</li> <li>• Using a bottle beyond 14 months of age.</li> <li>• Feeding foods of inappropriate consistency, size or shape that put the child at risk of choking.</li> <li>• Feeding foods with inappropriate textures based on the child's developmental stage (i.e. feeding primarily pureed foods when the child is ready for finger foods).</li> <li>• Feeding foods to a child that could contain harmful microorganism or toxins, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; honey; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts.</li> <li>• Ingestion of inappropriate non-food items such as: clay, laundry starch, cornstarch, dirt, ashes, paint chips, cigarettes or cigarette butts, large quantities of ice and baking soda.</li> <li>• Not providing a supplement of 400 IU of Vitamin D to children who are ingesting less than 32 ounces per day of Vitamin D-fortified milk.</li> </ul> <p><b><u>425</u></b></p> <p>Documentation in the participant folder must include the basis for code selection.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6			<b>427</b>	<p><b><u>INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN</u></b></p> <ul style="list-style-type: none"> <li>• Compulsively ingesting non-food items such as: clay, laundry starch, cornstarch, dirt, ashes, paint chips, cigarettes or cigarette butts, large quantities of ice and baking soda.</li> <li>• Consumption of less than 27 mg. of iron as a supplement daily by pregnant women.</li> <li>• Consumption of less than 400 mcg. of folic acid from fortified foods and/or supplements daily by a non-pregnant woman.</li> <li>• Ingestion of foods by pregnant women that could contain harmful microorganisms, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts).</li> </ul> <p>Documentation in the participant folder must include the basis for code selection.</p>
			4	5	<b>428</b>	<p><b><u>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES</u></b></p> <p>For infants <math>\geq</math> 4 months of age and children &lt; 24 months of age at date of certification who has begun to or is expected to begin to:</p> <ul style="list-style-type: none"> <li>• Consume complementary foods and beverages.</li> <li>• Eat independently.</li> <li>• Be weaned from breast milk or infant formula.</li> <li>• Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>.</li> <li>• Is at risk of inappropriate complementary feeding.</li> </ul> <p>A complete nutrition assessment, including a for risk #411, Inappropriate Nutrition Practices for Infants, or #425 Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>
1	1	3	1	3	<b>502*</b>	<p><b><u>TRANSFER OF CERTIFICATION</u></b></p> <p>A participant transferring from outside of Montana with a valid WIC Verification of Certification (VOC) from another state agency.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
	1 2 4				601	<p><b><u>BREASTFEEDING MOTHER OF PRIORITY I, II OR IV INFANT</u></b></p> <p>A breastfeeding mother whose infant has a nutrition risk code with a higher priority than she does.</p>
	1				602	<p><b><u>BREASTFEEDING COMPLICATIONS (WOMEN)</u></b></p> <p>A Breastfeeding woman with any of the following complications currently or within the past month:</p> <ul style="list-style-type: none"> <li>• Recurrent plugged ducts.</li> <li>• Mastitis (fever or flu-like symptoms with localized breast tenderness).</li> <li>• Flat or inverted nipples.</li> </ul> <p>A woman experiencing breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her health care provider.</p>
			1		603	<p><b><u>BREASTFEEDING COMPLICATIONS (INFANT)</u></b></p> <p>A breastfed infant with any of the following complications:</p> <ul style="list-style-type: none"> <li>• Breastfeeding Jaundice: An exaggeration of the jaundice observed in many healthy newborns. It usually peaks between 3 and 5 days of life, although it can persist longer. This type of jaundice is a common marker for inadequate breastfeeding. An infant may display the following symptoms: infrequent or ineffective breastfeeding, failure to gain appropriate weight, infrequent stooling with delayed appearance of yellow stools, and scant dark urine with urate crystals. This condition should not be confused with breast milk jaundice, the onset of which begins 5 to 10 days after birth, in which the stooling and voiding pattern is normal. Presence of breastfeeding jaundice must be identified by a health care provider or certified lactation consultant. It may be self-reported.</li> <li>• Weak or Ineffective Suck (May be due to prematurity, low birth weight, birth defects or injury, sleepiness of the baby, nipple confusion, or physical/medical problems such as heart disease, respiratory illness, or infection).</li> </ul>

Category/ Priority					Code	Description
P	B	N	I	C		
			1		<b>603</b>	<p><b><u>BREASTFEEDING COMPLICATIONS (INFANT) (continued)</u></b></p> <ul style="list-style-type: none"> <li>Repeated Difficulty Latching onto Mother's Breast (May be due to flat or inverted nipples, engorgement, incorrect positioning and breastfeeding technique, birth defect or injury, or delayed initiation of breastfeeding.)</li> <li>Inadequate Stooling and/or Wet Diapers, as follows: <ul style="list-style-type: none"> <li>Inadequate stooling (&lt; 4 times/day for newborns, &lt; 1 time/4 days for infants &gt; 3 weeks).</li> <li>Less than 6 wet diapers per day.</li> </ul> </li> </ul> <p>An infant with breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her/his health care provider.</p>
			2			<p><b><u>INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY</u></b></p> <ul style="list-style-type: none"> <li>An infant &lt; 6 months of age at date of certification whose mother was a Montana WIC participant during her pregnancy.</li> <li>An infant &lt; 6 months of age at date of certification whose mother was NOT a Montana WIC participant during pregnancy, but whose medical records document she was at nutritional risk during pregnancy.</li> </ul>
			1 4		<b>702</b>	<p><b><u>BREASTFEEDING INFANT OF PRIORITY I OR IV MOTHER</u></b></p> <p>A breastfed infant whose mother has a higher priority, as determined by nutrition risk codes, than the infant does.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	<b><u>801°</u></b>	<p><b><u>HOMELESSNESS</u></b></p> <p>Categorically eligible women, infants or children who meet the definition of a homeless person.</p> <p>Homeless - A homeless individual is defined as a man, woman, infant or child lacking a fixed and regular nighttime residence, staying in a temporary shelter, temporarily living with others in their residence (not to exceed 365 days) or staying in a place not designated as a regular sleeping accommodation.</p>
4	4	6	4	5	<b><u>802°</u></b>	<p><b><u>MIGRANCY</u></b></p> <p>Categorically eligible women, infants or children who meet the definition of migrant farm worker.</p> <p>Migrant – An individual or member of a family whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary residence.</p>
4	4	6	4	5	<b><u>901</u></b>	<p><b><u>RECIPIENT OF ABUSE</u></b></p> <p>Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has been the recipient of battering or child abuse/neglect within the past 6 months. Abuse may be self-reported or as reported through consultation with or documented by a social worker, health care provider, or other appropriate personnel.</p> <p>Abuse must be well documented in the participant record and WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect.</p>

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	<b>902</b>	<p><b><u>WOMAN OR PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</u></b></p> <p>Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Individuals with one or more of the following criteria may be considered:</p> <ul style="list-style-type: none"> <li>• ≤ 17 years of age.</li> <li>• Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist).</li> <li>• Physically disabled.</li> <li>• Currently abusing alcohol or other drugs.</li> </ul> <p>Documentation in the participant record must include the condition and the impact it has on limiting nutritional intake.</p>
4	4	6	4	5	<b>903</b>	<p><b><u>FOSTER CARE</u></b></p> <p>Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has entered the foster care system during the previous six months or moved from one foster care home to another foster care home during the previous six months.</p>
1	1	6	1	3	<b>904*</b>	<p><b><u>SECONDHAND SMOKE EXPOSURE</u></b></p> <p>Exposure to smoke from tobacco products inside the home.</p>

\* Computer generated code.

° Both CPA and computer generated code.

**###** Referral required for High-Risk code.